

DRAFT: BH Oversight Committee Work Group Focus Topics & Action

(Updated 5/9/05)

Topic/Focus Area	Work Group	Action/Recommendations
<p>Coordination of Care between BH ASO & MCOs:</p> <ol style="list-style-type: none"> 1) Coordination of benefits medical & psych diagnoses dispute/change 2) Off hours dispute resolution 3) Establish standard info required of providers by level of care for PA or concurrent review authorization. 4) PA & continuity of care ASO decision timelines. 5) Co-management –co-occurring Dx. 6) NOA coordination between ASO/MCO 	<p><i>Coordination of Care WG</i></p> <p><i>(CCare WG)</i></p>	<ol style="list-style-type: none"> 1) The initial authorizing entity must provide authorization until dispute resolved. Times measured from when contractor receives all info that is deemed <u>reasonably necessary (CCare WG added)</u> to make PA, concurrent review authorization. 2) CCare WG & DSS agreed to “provisional auth within 24 hours, telephonic appeal within 24 hrs. 3) Per CCare WG, DSS work with ASO & Provider Advisory WG for such uniform PA information standards. 4) ASO PA decision to BH provider in 60 minutes, Concurrent Review decision in 60 minutes or end of business day. 5) CCare WG will review ASO/MCO flowchart 5/3: suggestion monthly co-management meetings between ASO/MCO be >frequent in transition.
Primary Care BH referrals	<i>CCare WG</i>	ASO to offer appointment assistance to member, PCPs have access to BH network web site, BH referral through MCO/ASO
PCP/BH interaction	<i>CCare WG</i>	Further discussion of PCP notification of BH services, Psychotropic meds, within ASO contract, consideration legal view, member recognition of role of PCP in overall quality, coordination health care.
ASO Intensive Case Management	<p><i>1)CCare WG</i></p> <p><i>2)DCF WG</i></p>	ID triggers for ASO CM (both WGs)
Pharmacy	<i>1)CCare WG</i>	1) Member access to scripts, temporary drug, medication denial psychotropic meds (MCO PBM), BH ASO aware? May 3, reports from DSS, DCF on formularies, recommend DSS resolve temporary drug process before carve-

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	2) DCF WG	out
Clinical Management, appropriate treatment guidelines	1) Provider Advisory, 2) DCF WG	
DCF children/coordination with DSS/ASO	1) DCF WG 2) QA WG	2) ASO Performance targets/monitoring would be applied to all members (see attached 8 indicators ID in the BH QA WG_
Care Coordination 1) ASO/MCO 2) Within KidCare & ASO, MCO	1) CCare WG 2) DCF WG	1) review at CCare WG 5/3 meeting 2) Review at 5/3 DCF WG
Service Access	1) QA WG 2) DCF WG	1) Monitoring indicators 2) Consideration for DCF Voluntary Services, DCF children, the uninsured, DCF transitioning youth to DMHAS
Transportation: Coordination with MCOs	1) CCare WG 2) DCF WG	Discuss, recommendations @ 5/3 WG meeting
State Agencies' Responsibility of Monitoring Quality Services	1) QA WG 2) DCF WG	1) DCF Flow sheet to be reviewed at 5/27 meeting
New System: Communication with families?	DCF WG	

BH Quality Management & Access Work Group: Recommendations for ASO Critical Indicators

Eight Critical Areas to Monitor

➤ Access to Care:

- Global penetration (increase)
- Access for underserved groups/regions (increase)

➤ Emergency Department utilization:

- Global composite indicator (decrease)
- Frequency of visits for BH problems (decrease)
- Return visits, i.e. return within 48 hours (decrease)

➤ F/U after Residential or Inpatient Discharge:

- Appropriate F/U services engaged at 7 and 30 days (> “X” % of population; increase from base line)
- Maintained in appropriate outpatient treatment (> “X” % of population maintained > “T” time; increase from base line)

➤ Readmission to Inpatient of Residential Treatment:

- Inpatient discharges admitted within 30, 60, 90 and 180 days (reduced by “X”)

➤ **Treatment Authorization Process:**

- Timeliness of UM decision making
- Timeliness in passing authorization data to fiscal agent
- Timeliness in correcting authorization info errors
- Accuracy in passing authorization data to fiscal agent
- Accuracy in importing claims data from fiscal agent.

➤ **Provider Satisfaction:**

- Global provider satisfaction (> than “X” percent)
- Pre-Authorization Process: accurate & error free, clear, fair, rapid
- Care-manager Performance: adherent to level of care and treatment criteria, knowledgeable, polite, timely in returning calls
- Ease of obtaining authorization for higher levels of care
- Appeals process: fair, timely, efficient, user friendly; retrospective denials (?)
- Payment process: accurate, timely, errors corrected quickly
- Paperwork and Reporting: simple, efficient, adequate
- Ease of use & availability of necessary administrative information

➤ **Member Satisfaction:**

- Global member satisfaction (> than “X” percent)

- Global patient satisfaction (> than “X” percent)
- Global family member satisfaction (> than “X” percent)
- Adequate and timely care provision by level of service
- Coordination of services
- Provider relations & grievance process
- Psychoeducation
- Ease of use & availability of necessary administrative information
- Cultural sensitivity

➤ **Completion of Local Area Development Action Plans** by 3/1/06 (the ASO is responsible for recruiting providers of various levels of care, assessing service gaps by geographic areas, and develop an action plan to reduce gaps).